**UNIVERSIDAD TECNOLÓGICA PASO DEL NORTE**

**BIENESTAR UNIVERSITARIO**

**ÁREA DE SERVICIO SOCIAL**

**REGISTRO DE CONTROL DE HORAS DE SERVICIO SOCIAL**

**Nombre del alumno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de la Institución receptora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha de inicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Término: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matrícula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Programa Educativo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horario de servicio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FECHA** | **HORA DE ENTRADA** | **HORA DE SALIDA** | **HORAS DEL DÍA** | **HORAS ACUMULADAS** | **FIRMA SEMANAL DEL SUPERVISOR ASIGNADO** |
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Sello de la Institución

Firma del responsable de la institución\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_